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PTO/SB/01 (10/00)

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63) <input checked="" type="checkbox"/> Declaration Submitted with Initial Filing OR <input type="checkbox"/> Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)	Att r n y D c k t Numb r	53550.41
	First Named Inventor	Erling Hammer
	COMPLETE IF KNOWN	
	Application Number	
	Filing Date	
	Group Art Unit	
	Examiner Name	

As a below named Inventor, I hereby declare that:
My residence, mailing address, and citizenship are as stated below next to my name.
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled.

METHODS AND DEVICES FOR MEASURING INTERFACE LEVELS BETWEEN FLUIDS AND USES THEREOF

the specification of which
☐ is attached hereto
OR
☒ was filed on 11 July 2000 as United States Application Number or PCT International Application Number PCT/NO00/00236 and was amended on (mm/dd/yyyy) _____ (if applicable).
I hereby state that I have reviewed and understand the contents of the above-identified specification, including the claims, as amended by any amendment specifically referred to above.
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.
I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached?	
				YES	NO
PCT/NO00/00236	WIPO	11 July 2000	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19993436	Norway	12 July 1999	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)

☐ Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

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DECLARATION ---- Utility or Design Patent Application				
Direct all correspondence to:		<input checked="" type="checkbox"/> Customer Number or Bar Code Label		<u>27162</u>
OR <input type="checkbox"/> Correspondent address below				
Name Francis C. Hand, Esq. Carella, Byrne, Bain, Gilfillan, Cecchi, Stewart & Olstein				
Address 6 Becker Farm Road				
City Roseland		State NJ		ZIP 07068
Country USA		Telephone (973)994-1700		Fax (973)994-1744
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.				
NAME OF SOLE OR FIRST INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.		
Given Name (first and middle [if any]) Erling			Family Name or Surname Hammer	
Inventor's Signature				Date
Residence:		State		
City Mjolkeraen		Country Norway		Citizenship Norwegian
Mailing Address Saudalskleivane 66, N-5736 Mjolkeraen , Norway				
Mailing Address				
City		State		ZIP
Country		Date		
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor.		
Given Name (first and middle [if any])			Family Name or Surname	
Inventor's Signature				Date
Residence:		State		
City		Country		Citizenship
Mailing Address				
Mailing Address				
City		State		ZIP
Country		Date		
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.				

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